

Case Number:	CM13-0040876		
Date Assigned:	12/20/2013	Date of Injury:	05/26/2009
Decision Date:	04/07/2015	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old female who has reported widespread pain and mental illness after an injury at work on 5/26/2009. Diagnoses have included lumbar radiculopathy, chronic pain syndrome, insomnia, myofascial syndrome, neuropathic pain, and depression. She has been treated by multiple specialists. Treatment has included multiple medications, including Norco, and Keto/Baclofen/Capsaicin compounded cream. She has stated that her pain level without medications is 6-8/10 and 6-7/10 with medications. Monthly treating physician reports during 2013 mention ongoing back and leg pain, ongoing use of Norco, no clear description of function, and no evidence of substantial pain relief. Per the treating physician report of 10/1/13, the injured worker does not like the effect of Norco. Butrans is recommended instead. Back and leg pain are ongoing. There is no discussion of function. Work status is absent. The treatment plan includes a urine drug screen, MRI, Butrans, Norco, and a topical compound. A subsequent report of 10/25/13 is similar. A urine drug screen result from 10/25/13 showed tetrahydrocannabinol (THC) and hydrocodone, and no buprenorphine. The preliminary screen was positive for oxycodone, THC, and opiates. There is no mention of these results by the treating physician. On 10/15/13, Utilization Review non-certified a urine drug screen, partially certified Norco, non-certified Butrans (although the report has conflicting information), and non-certified the topical compound listed in this Independent Medical Review. The Utilization Review decisions were supported by citations from the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT): Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. Although opioids were listed as current medications, there is no discussion of the current pattern of use and reasons why a urine drug screen might be indicated. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS. There is no discussion of risk stratification or dates of prior urine drug screens. The urine drug screen submitted fro. 10/25/13 was performed after the date of the Utilization Review determination. As the documentation is lacking information regarding any prior urine drug screens with dates and results, and due to lack of documentation of risk stratification which would be needed to determine the frequency of urine drug screening, the request for urine drug screen is not medically necessary.

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction, indications, Chronic back pain Page(s): 77-81, 94, 80.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There is no record of a Urine Drug Screen (UDS) performed according to quality criteria and recommendations from guidelines. Based on the failure of prescribing per the MTUS, lack of good pain relief, and the lack of specific functional benefit, further use of Norco is not medically necessary.

Butrans 10mcg, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction, indications, Chronic back pain Page(s): 77-81, 94, 80.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. There is no record of a Urine Drug Screen (UDS) performed according to quality criteria and recommendations from guidelines. Based on the failure of prescribing per the MTUS, lack of good pain relief, and the lack of specific functional benefit, Butrans is not medically necessary.

Keto/Baclofen/ Capsaicin compound ointment, 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation ODG Guidelines Otopical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically

necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen and baclofen are not recommended as topical agents. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Topical nonsteroidal anti-inflammatory agents (NSAIDs) for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain. Note that topical ketoprofen is not FDA approved, and is not recommended per the MTUS. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the patient does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This patient has not received adequate trials of other treatments. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, and FDA directives.